MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/568727	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11			Cancelled				61			Cancelled			
12							62						
13							63						
14							64			1			
15							65						
16							66				1		
17							67						
18							68						
19							69						
20							70						
21			1				71						
22							72						
23							73						
24							74						
25							75				1		
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83				1		
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44			Cancelled				94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	11	←		←
TOTAL CLAIMS							TOTAL CLAIMS			13			

PTO - 1360 (REV. 11/04)